

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Title::	Method for Cardioprotection and Neuroprotection by Intravenous Administration of Halogenated Volatile Anesthetics
Attorney Docket Number::	ANA-5955
Request for Early Publication?::	No
Request for Non-Publication?::	Yes
Suggested Drawing Figure::	1
Total Drawing Sheets::	5
Small Entity::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Raul
Family Name::	Trillo
City of Residence::	Long Valley
State or Province of Residence::	NJ
Country of Residence::	US
Street of mailing address::	20 Middlesworth Farm Road
City of mailing address::	Long Valley
State or Province of mailing address:	NJ
Country of mailing address::	US

Postal or Zip Code of mailing address:: 07853

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Ralph
Middle Name:: A.
Family Name:: Lessor
City of Residence:: New Providence
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 77 Pearl Street
City of mailing address:: New Providence
State or Province of mailing address: NJ
Country of mailing address:: US
Postal or Zip Code of mailing address:: 07974

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Satish
Family Name:: Pejaver
City of Residence:: Bridgewater
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 49 Huntley Way
City of mailing address:: Bridgewater
State or Province of mailing address: NJ
Country of mailing address:: US
Postal or Zip Code of mailing address:: 08807

Applicant Authority Type:: Inventor
Primary Citizenship Country:: IN
Status:: Full Capacity
Given Name:: Navneet
Middle Name::

Family Name:: Puri
 City of Residence:: Bridgewater
 State or Province of Residence:: NJ
 Country of Residence:: US
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 State or Province of mailing address: NJ
 Country of mailing address:: US
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Correspondence Information

Correspondence Customer Number::
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Representative Information

Representative Designation::	Registration Number::	Representative Name::
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/417,934	10/11/02

Assignee Information

Assignee name::	Baxter International Inc.
Street of mailing address::	One Baxter Parkway
City of mailing address::	Deerfield
State of mailing address::	IL
Zip Code of mailing address::	60015